

## POOL/SPA PLAN REVIEW CHECK LIST

POOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SEND REVIEW TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Note: A penalty of 100% of the permit fee will be charged for an establishment that **starts operation** without an annual Pool permit.

I hereby affirm that the above named pool be constructed as specified in the submitted plans, and that construction will not begin until a plan review has been completed. Alterations of the pool must resubmitted to the Health Department for approval. I also affirm that I have been made aware of the penalties mentioned above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*  
(for office use only)

The plan review fee is determined by body of water.

### Bodies of Water

### Fee

Each swimming pool/spa reviewed within 10 Bus. days \$ 280.00 ☐

Each swimming pool/spa reviewed within 3 Bus. days \$ 560.00 ☐

Additional bodies of water 10 Bus days @ \$280.00 each \_\_\_\_\_

Additional bodies of water 3 Bus days @ \$560.00 each \_\_\_\_\_

Plan Review information entered on computer ☐

Received by: \_\_\_\_\_

Date paid: \_\_\_\_\_